

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:	}	CASE NUMBER
	}	06-67096-MHM
AEROSOL PACKAGING, LLC	}	
	}	
DEBTOR.	}	CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)
FOR THE PERIOD
FROM FEBRUARY 1, 2009 TO FEBRUARY 28, 2009

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ Brian L. Schleicher
Attorney for Debtor's Signature

Debtor's Address
and Phone Number:

Aerosol Packaging, LLC
d/b/a Aerosol Specialties
189 Etowah Industrial Court
Canton, Georgia 30114
770-425-0114

Attorney's Address
and Phone Number:

Jampol, Schleicher, Jacobs & Papadakis, LLP
11625 Rainwater Drive, Suite 350
Alpharetta, Georgia 30009
770-667-1290

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, <http://www.usdoj.gov/ust/r21/index.htm>.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

SCHEDULE OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	-0- (a)	(29,452) (b)
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	<u>(-)</u>	
Net Cash Sales		
B. Accounts Receivable		14,580,955
C. Other Receipts (<i>See MOR-3</i>)		4,860,106
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		19,441,061
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	-0-	19,411,609

5. DISBURSEMENTS

A. Advertising		17,574
B. Bank Charges		7,284
C. Contract Labor		834,469
D. Fixed Asset Payments (not incl. in "N")		29,432
E. Insurance		578,151
F. Inventory Payments (<i>See Attach. 2</i>)		9,129,920
G. Leases		1,127
H. Manufacturing Supplies		8,258
I. Office Supplies		68,910
J. Payroll - Net (<i>See Attachment 4B</i>)		2,605,913
K. Professional Fees (Accounting & Legal)		191,323
L. Rent		862,669
M. Repairs & Maintenance		211,157
N. Secured Creditor Payments (<i>See Attach. 2</i>)		
O. Taxes Paid - Payroll (<i>See Attachment 4C</i>)		
P. Taxes Paid - Sales & Use (<i>See Attachment 4C</i>)		
Q. Taxes Paid - Other (<i>See Attachment 4C</i>)		38,336
R. Telephone		
S. Travel & Entertainment		
Y. U.S. Trustee Quarterly Fees		37,460
U. Utilities		288,348
V. Vehicle Expenses		
W. Other Operating Expenses (<i>See MOR-3</i>)		4,680,957
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)		19,411,609
7. ENDING BALANCE (Line 4 Minus Line 6)	-0- (c)	-0- (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 2/24 day of April, 2009.

/s/Leigh Fragnoli
(Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
		<u>4,860,106</u>
TOTAL OTHER RECEIPTS	-0-	<u>4,860,106</u>

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description*</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
		<u>4,511,575</u>

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

* Payment pursuant to orders of the Court.

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

ACCOUNTS RECEIVABLE AT PETITION DATE: \$1,929,679

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$	<u>-0-</u>	(a)
PLUS: Current Month New Billings			
MINUS: Collection During the Month	\$	<u></u>	(b)
PLUS/MINUS: Adjustments or Writeoffs			
End of Month Balance	\$	<u>-0-</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
				<u>-0-</u> (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
		All A/R Sold AUGUST 2, 2007

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

<u>Date Incurred</u>	<u>Days Outstanding</u>	<u>Vendor</u>	<u>Description</u>	<u>Amount</u>
See July 31, 2007 Report				
<u>Addition:</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL AMOUNT				_____ (b)

☐ Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	\$ -0- _____ (a)
PLUS: New Indebtedness Incurred This Month	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$ _____
PLUS/MINUS: Adjustments	\$ _____ *
Ending Month Balance	\$ -0- _____ (c)

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL		_____ (d)		

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

ATTACHMENT 3

INVENTORY AND FIXED ASSETS REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ 1,642,697

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	\$ -0-	(a)
PLUS: Inventory Purchased During Month	\$ _____	
MINUS: Inventory Used or Sold	\$ _____	
PLUS/MINUS: Adjustments or Write-downs		
Inventory on Hand at End of Month	\$ -0-	

METHOD OF COSTING INVENTORY: Average Cost

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

All inventory sold on August 2, 2007

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
See Note _____%	_____%	_____%	_____%	= _____ 100%*

* Aging Percentages must equal 100%.

Description of Obsolete Inventory:

Raw materials purchased in advance for former customers or minimum purchase requirements.

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \$450,000 (b)

(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): N/A

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month \$ -0- (a)(b)

MINUS: Depreciation Expense

PLUS: New Purchases

PLUS/MINUS: Adjustments or Write-downs

Ending Monthly Balance \$ -0-

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE

REPORTING PERIOD: All Fixed Assets sold on August 2, 2007

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.

Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

NOTE: Inventory Aging unable to be calculated with our use of Average Cost.

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

**ACCOUNT
CLOSED**

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Washington Mutual BRANCH: Canton, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC ACCOUNT NUMBER: 4442944496
d/b/a Aerosol Specialties DIP Account

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>0</u>	
Plus Total Amount of Outstanding Deposits	\$ _____	
Minus Total Amount of Outstanding Checks and other debits	\$ _____	*
Minus Service Charges	\$ _____	
Ending Balance per Check Register	\$ <u>0</u>	** (a)

*Debit cards are used by – N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ N/A Transferred to Payroll Account
\$ N/A Transferred to Tax Account

NOTE: This Account is the only DIP Account through which all transactions are processed. Payroll and Payroll Tax Disbursements are handled by our payroll provider, Paychex, with the disbursements coming from this account.

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: Washington Mutual BRANCH: Canton, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties DIP Account

ACCOUNT NUMBER: 4442944496

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
<u>N/A</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TOTAL

\$ N/A

ATTACHMENT 4A-2

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

**ACCOUNT
CLOSED**

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Washington Mutual BRANCH: Canton, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC ACCOUNT NUMBER: 4442954479
d/b/a Aerosol Specialties DIP Account

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>0</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>0</u> **(a)

*Debit cards are used by - N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ _____ Transferred to Payroll Account
\$ _____ Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

ACCOUNT
CLOSED

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Wachovia BRANCH: Atlanta, Georgia
ACCOUNT NAME: Aerosol Packaging, LLC ACCOUNT NUMBER: 2000867100468
PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	_____
Plus Total Amount of Outstanding Deposits	\$	_____
Minus Total Amount of Outstanding Checks and other debits	\$	_____ *
Minus Service Charges	\$	_____
Ending Balance per Check Register	\$	-0- ** (a)

*Debit cards are used by – N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>N/A</u>	Transferred to Payroll Account
\$	<u>N/A</u>	Transferred to Tax Account

NOTE: Account remains open due to checks still being received at the Wachovia lockbox.

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: Wachovia BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC

ACCOUNT NUMBER: 2000867100468PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
N/A				
TOTAL				\$ N/A

ATTACHMENT 4A-4

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

**ACCOUNT
CLOSED**

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Wachovia

BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2000900081473

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>0</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>0</u> ** (a)

*Debit cards are used by – N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ <u>N/A</u>	Transferred to Payroll Account
\$ <u>N/A</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A-4

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: Wachovia BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2000900081473

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				<u>\$ N/A</u>

ATTACHMENT 4A-5

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

ACCOUNT
CLOSED

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Wachovia

BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2079900553259

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>0</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>0</u> **(a)

*Debit cards are used by - N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ N/A Transferred to Payroll Account
\$ N/A Transferred to Tax Account

Note: Aerosol Packaging, LLC has requested that this account be closed.

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A-5

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006NAME OF BANK: Wachovia

BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC

d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2079900553259

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
N/A				
TOTAL				\$ N/A

ATTACHMENT 4A-6

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

**ACCOUNT
CLOSED**

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Wachovia

BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2080000644044

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>0</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>0</u> ** (a)

*Debit cards are used by - N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ N/A Transferred to Payroll Account
\$ N/A Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A-6

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: Wachovia BRANCH: Atlanta, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC
d/b/a Aerosol Specialties

ACCOUNT NUMBER: 2080000644044

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
N/A				
TOTAL				\$ N/A

ATTACHMENT 4A-7

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Regions Bank BRANCH: Canton, Georgia

ACCOUNT NAME: Aerosol Packaging, LLC ACCOUNT NUMBER: 6556601014
d/b/a Aerosol Specialties
DIP Account

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ -0-
Plus Total Amount of Outstanding Deposits	
Minus Total Amount of Outstanding Checks	
and other debits	
Minus Service Charges	
Ending Balance per Check Register	\$ -0- a)

*Debit cards are used by - N/A

**If Closing Balance is negative, provide explanation: N/A

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ Transferred to Payroll Account
\$ Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4A-8

MONTHLY SUMMARY OF BANK ACTIVITY - ESCROW ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Bank of North Georgia BRANCH: Alpharetta, Georgia

ACCOUNT NAME: JSJP, LLP ACCOUNT NUMBER: 403717

PURPOSE OF ACCOUNT: Escrow

Ending Balance per Bank Statement	\$ -0-***
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ -0-
Minus Service Charges	\$ _____
Ending Balance per Check Register	-0- **(a)

*Debit cards are used by – N/A

**If Closing Balance is negative, provide explanation: N/A

*** This amount was held in Escrow by Debtor's counsel pursuant to orders of the court. The amount was deposited in such counsel's general escrow account and does not reflect all amounts held in such account for the benefit of other clients.

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ _____ Transferred to Payroll Account
\$ _____ Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A-8

CHECK REGISTER - ESCROW ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: Bank of North Georgia BRANCH: Alpharetta, Georgia

ACCOUNT NAME: JSJP, LLP Escrow Account

ACCOUNT NUMBER: 403717

PURPOSE OF ACCOUNT: ESCROW

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE*</u>	<u>AMOUNT</u>
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ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: N/A BRANCH: N/A

ACCOUNT NAME: N/A

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	\$ <u>N/A</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ ** (a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation: N/A**

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
A standard bank reconciliation form can be found on the United States Trustee website,
<http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: N/A BRANCH:

ACCOUNT NAME: N/A ACCOUNT NUMBER:

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$ <u>N/A</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ _____ ** (a)

***Debit cards must not be issued on this account.**

****If Closing Balance is negative, provide explanation: N/A**

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
<u>N/A</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
N/A				
TOTAL				(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
Controller's Office	-0-	-0-	-0-
TOTAL		\$ -0- (b)	

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH (a + b) \$ -0- (c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - PAYROLL ACCOUNT

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ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

NAME OF BANK: N/A BRANCH: N/A

ACCOUNT NAME: N/A ACCOUNT # N/A

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>CHECK NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
<u>N/A</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL				<u>\$ </u>

SUMMARY OF TAXES PAID

Payroll Taxes Paid	<u>N/A</u> (a)
Sales & Use Taxes Paid	<u> </u> (b)
Other Taxes Paid	<u> </u> (c)
TOTAL	<u> </u> (d)

(a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).

(b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).

(c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).

(d) These two lines must be equal.

NOTE: See Note attachment 5B

ATTACHMENT 6

MONTHLY TAX REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
<u>N/A</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
TOTAL				<u>\$</u>	<u></u>

TAXES PAYABLE RECONCILIATION (POST-PETITION ONLY)

Opening Balance	\$ <u>N/A</u>
PLUS: New Indebtedness Incurred This Month	\$ <u></u>
MINUS: Amount Paid on Post Petition	
Taxes This Month	\$ <u></u>
PLUS/MINUS: Adjustments	\$ <u></u>
Ending Month Balance	\$ <u></u>

*For any adjustments provide explanation and supporting documentation, if applicable.

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM
Date of Petition: June 21, 2006

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
<u>None</u>			

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	<u>-0-</u>	<u></u>
Number hired during the period	<u></u>	<u></u>
Number terminated or resigned during period	<u></u>	<u></u>
Number of employees on payroll at end of period	<u>-0-</u>	<u></u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
<u></u>	<u></u>	<u></u>	<u></u>

☐ Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

NOTE: Company also retains temporary employees from an outside agency that varies from week to week.

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (***attach closing statement***); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents

NONE